



United States Bankruptcy Court  
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box  
(Houston Division)

PROOF OF CLAIM

Name of Debtors

Case Number

☐ Stage Stores, Inc., a Delaware corporation  
☒ Specialty Retailers, Inc., a Texas corporation  
☐ Specialty Retailers, Inc. (NV), a Nevada corporation

00-35078-H2-11  
 00-35079-H2-11  
 00-35080-H2-11

Creditor ID#: 788-35157

\*place an "x" beside the name of the Debtor you are filing a claim against

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Korn Am

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

\*\*\*\*\*AUTO\*\*ALL FOR AADC 570

Korn Am  
 319 N Main St  
 Mitchell SD 57301-2611

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:

1-930

Check here ☐ replaces  
 if this claim ☐ amends a previously filed claim, dated: \_\_\_\_\_

## 1. Basis for Claim

- ☐ Goods sold  
☐ Services performed  
☐ Money loaned  
☐ Personal injury/wrongful death  
☐ Taxes  
☒ Other Media

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)  
☐ Wages, salaries, and compensation (Fill out below)

Your SS#: \_\_\_\_\_

Unpaid compensation for services performed

from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

2. Date debt was incurred: 4/1/00 - 8/31/00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ ~~7886.56~~ 693.61 <sup>08</sup> 9/1/00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. (Finance Charges Only)

## 5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle☐ Other All personal and intangible property of Debtor's Estate

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ \_\_\_\_\_

## 6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to \$4,300)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).

☐ Up to \$1,960\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).

☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a-\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

This Space is for Court Use Only

Date 9/14/00 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

John Keons General Manager

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

KORN-AM  
319 NORTH MAIN P.O. BOX 921  
MITCHELL, SOUTH DAKOTA 57301

\*\*\*\*\*  
\* S T A T E M E N T \*  
\*\*\*\*\*

605-996-1490

\*\* STAGE/REYNOLDS MEDIA \*\*

REYNOLDS MEDIA SERVICES, INC.  
Accounts Payable  
2425 FOUNTAINVIEW, #355  
HOUSTON, TEXAS 77057

713-977-3778

Date  
08/31/00

Client  
Number  
1 - 930

Bill Cycle: Std Broadcast Sales Staff # at: HANCO BEDVEL

Ref #	Posted	Qty	Description	Gross	Agg Disc	Tax	Amount	Balance
			Balance Forward					685.05
			Late Charge				8.56	693.61
							Balance Due:	\$693.61

Payment due: 09/15/00

Past due accounts are charged 1.25% per month  
which is an annual percentage rate of 15%.

Last Pymt	Aging Analysis:					
	0-30	31-60	61-90	91-120	121+ Days	
07/27	\$8.56	\$8.46	\$8.35	\$334.15		\$334.00

KORN-AM  
319 NORTH MAIN P.O. BOX 921  
MITCHELL.SOUTH DAKOTA 57301

605-996-1490

\*\*\*\*\*  
\* INVOICE \*  
\* 51354 \*  
\*\*\*\*\*

REYNOLDS MEDIA SERVICES, INC.  
Accounts Payable  
2425 FOUNTAINVIEW, #355  
HOUSTON, TEXAS 77057

Product: STAGE  
Order #:

STAGE/REYNOLDS MEDIA  
Salesman # 2 Schedule # 1354 Date: 05/31/00 Cust # 1 - 930

Station	Quan	Len	Description	Rate	Gross	Tax	Agcy Disc	Net
1	5	13540	60 Commercials	25.88	129.40	0.00	19.41	109.99
1	10	13548	60 Commercials	25.88	258.80	0.00	38.82	219.98

Invoice total: 388.20 0.00 58.23 329.97

Date Due: 06/15/00

KORN-AM  
319 NORTH MAIN P.O. BOX 921  
MITCHELL, SOUTH DAKOTA 57301

605-996-1490

\*\*\*\*\*  
\* INVOICE \*  
\* 41352 \*  
\*\*\*\*\*

REYNOLDS MEDIA SERVICES, INC.  
Accounts Payable  
2425 FOUNTAINVIEW, #355  
HOUSTON, TEXAS 77057

Product: STAGE  
Order #:

STAGE/REYNOLDS MEDIA  
Salesman # 2 Schedule # 1352 Date: 04/30/00 Cust # 1 - 930

Station	Quan	Len	Description	Rate	Gross	Tax	Agcy Disc	Net
1	5	1352A	60 Commercials	25.88	129.40	0.00	19.41	109.99
1	10	1352B	60 Commercials	25.88	258.80	0.00	38.82	219.98

Invoice Total: 388.20 0.00 58.23 329.97

Date Due: 05/15/00